EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the freasury Internal Revenue Service

Open to Public

OMB No 1548-0047

A F	or the	2018 calandar year, or tax year beginning and en		inioniation.	, inspection	
	Check if	C Name of organization]	D Employer identifica	ation number	
a	pplicable	, ,		D Employer Identifica		
Γ-	Addres	THE PUBLIC MEDIA LAB				
ř	Name			26-03	12802	
<u> </u>	Initial		oom/suite		12002	
Ϊ=	return _Final	1747 DENNICYTIANTA AMENIE MU #1	E Telephone number	41 044E		
	_retum/ termin		1000		41-0445	
Γ	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	ŀ	G Gross receipts \$	875,000.	
├≔	⊒return ⊐Applic	WASHINGTON, DC 20006-4693		H(a) Is this a group ret		
Ц	⊥tión pendir	F Name and address of principal officer.MICHAEL PACK	01 E	for subordinates?		
			815	Are all subordinates incl		
				1 /	st (see instructions)	
		e: N/A organization: X Corporation Trust Association Other		H(c) Group exemption		
	art I	Summary	IL Year C	or formation; ZUUO M	State of legal domicile: DC	
			ODITIO	AND AWARD O	DANIMO INO	
8		Briefly describe the organization's mission or most significant activities: TO REC				
Jan		DEVELOP, PROMOTE, AND SUPPORT EDUCATIONAL				
ē	1	Check this box if the organization discontinued its operations or disposed			ets.	
Governance				3		
	1	Number of independent voting members of the governing body (Part VI, line 1b)		6 -	3	
Activities &	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0	
<u>Ş</u>		Total number of volunteers (estimate if necessary)		1 1	0	
Ą		Total unrelated business revenue from Part VIII, column (C), line 12				
	b	Net unrelated business taxable income from Form 990-T, line 38			<u> </u>	
			<u> </u>	Prior Year	Current Year	
ब	1	Contributions and grants (Part VIII, line 1h)		900,000	<u>875,000.</u>	
enr	9	Program service revenue (Part VIII, line 29) EIVED	·····	0,	0.	
Revenue	10	Investment income (Part VIII, column (A) lines 3, 4, and 70)		0.	<u> </u>	
	11	Other revenue (Part VIII, column, (A), lines 5, 6d, 8c, 9c, 10c @ 11e)		0.	0.	
		Total revenue · add lines 8 through 11 (rileist equal Part VIII, column (A), line 12)		900,000.	875,000.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 13		300,000	775,000.	
				0,	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a			0.	0.	
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,300.	2,371.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		301,300.	<u>777,371.</u>	
	19	Revenue less expenses Subtract line 18 from line 12		598,700.	<u>97,629.</u>	
Met Sets or Fund Balances			Beg	inning of Current Year	End of Year	
2	20	Total assets (Part X, line 16)		663,330.	760,959.	
SE SE	21	Total liabilities (Part X, line 26)		0.	0.	
		Net assets or fund balances Subtract line 21 from line 20		663,330.	760,959.	
, P	art II	Signature Block				
Ünd	cr pena	ulties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief, it is	
วี true	, correc	t, and complete, peclaration of preparer to ther than officer) is based on all information of which	h preparer	has any knowled ge.		
•		I adal Ka				
) Sig	n	Signature of orlicer		Dato	, may 2 - 2	
Her		MICHAEL PACK, DIRECTOR				
, 		Type or print name and title				
; —		Print/Type preparer's name Preparer signature	D	ate Check	PTIN	
Paid	Paid DOUGLAS C. WHITE, CPA DOUGLAS C. WHITE,					
Pre	parer	Firm's name GLASS JACOBSON, PA	•	Firm's EIN	52-1035214	
	Only	Firm's address 800 KING FARM BOULEVARD, SUITE 50	00			
		ROCKVILLE, MD 20850		Phone no.301	<u>-917-3040</u>	
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		**** **** ****** ******	X Yes No	
	001 12-3		s.		Form 990 (2018)	
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STA		NT CONTINUAT	ION	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
_	If "Yes," complete Schedule A	1_	X	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			۱
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			۱
~	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		1.7
^	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			Ì
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			·
40	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	119		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x _
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	_	<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ļ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			İ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
83200	3 12-31-18	Form	990	(2018)

26-0312802 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	!		
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		}	}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		-
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ľ
	and the Orbital In Death	26		x
07		20	 	 ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	^=	i	\mathbf{x}_{-}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ļ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		-
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			•
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	1,,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	[.		
	If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ł]
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ļ	,	,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			i
	If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			[
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
·	Check if Schedule O contains a response or note to any line in this Part V			
		<u>ئىدە ئەنىسىت.</u>	Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
. u	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
	Generally minings to price minious.		990	(2018)

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	990 (2018) THE PUBLIC MEDIA LAB 26-	<u>-0312802</u>	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	he payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ı
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	ured? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against]		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		(
C	Enter the amount of reserves on hand		$oxed{oxed}$	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u> _	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	[X
	If "Yes," see instructions and file Form 4720, Schedule N			

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part Vi	*******		X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1,55		
•	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		X
h		15b		X
•	Other officers or key employees of the organization			
182	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	Assemble and the discount Abertain	16a		X_
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ		
	exempt status with respect to such arrangements?	16b	ĺ	
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	ble
.0	for public inspection, Indicate how you made these available. Check all that apply.	· · · y		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
15	statements available to the public during the tax year	1411		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
EU	MICHAEL PACK - (301) 941-0445		_	
	5508 SURREY STREET, CHEVY CHASE, MD 20815			
82200	6 12-31-18	Form	990	(2018)
55250	- IN I I I I I I I			. ,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT T. COONROD	0.00	[]						_		_
DIRECTOR		X	<u> </u>	_				0.	0.	0
(2) ALAN P. DYE .	0.00		İ		İ	}				
DIRECTOR	1 22	Х	<u> </u>	<u> </u>	_	_		0.	0.	0
(3) MICHAEL PACK	1.00	ً ۔۔ اُ						_	_	^
DIRECTOR		X		Х				0.	0.	0
		1								
							ļ 			
		_								

Form 990 (2018)

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		x
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	5	<u> </u>	×

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
			1	
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	t not limited to those liste	d above) who received more than	

Form 990 (2018)

Section B. Independent Contractors

Form 990 (2018) THE PUB
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	ın this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
<u> </u>	b	Membership dues	1b					
A, E	C	Fundraising events	1c					
न है	d	Related organizations	. 1d					
& E	е	Government grants (contributi	ons) 1e					
를 등	f	All other contributions, gifts, grant	s, and					
혈취		similar amounts not included abov	/e 1f	875,000.				
id of	g	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$			}		
ठ है	h	Total. Add lines 1a-1f			875,000.			<u> </u>
				Business Code				
<u>8</u>	2 a	· <u></u>						
& a	b	·						
e e	C							
Program Service Revenue	d	<u> </u>		<u> </u>				<u> </u>
ğ_	е			ļ				
_	f	All other program service reve						
		Total. Add lines 2a-2f						
- 1	3	Investment income (including		~ I		1		
	_	other similar amounts)		🟲 📙				
	4	Income from investment of tax						
J	5	Royalties	(3.5					
	_	0	(i) Real	(ii) Personal				
	6 a			 				
	b							
Ì		Rental income or (loss)	L	-	Ì	ľ		
		 Net rental income or (loss) Gross amount from sales of 	(A) Converting					
	/ a		(I) Securities	(ii) Other				
	L.	assets other than inventory Less: cost or other basis	···	 				
	b	and sales expenses	ļ					
Ì	_	Gain or (loss)						
				<u></u>				
		Gross income from fundraising						
Jue .		including \$	•					
eve		contributions reported on line						
Other Revenu			a			Ì		
the	ь	Less: direct expenses						
0		: Net income or (loss) from fund						
		Gross income from gaming ac	-					
	i	Part IV, line 19	а					
	b	Less: direct expenses						
	c	: Net income or (loss) from gam	ing activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	0	Net income or (loss) from sale	s of inventory_	······				<u> </u>
		Miscellaneous Revenu	e	Business Code				
	11 a	ı						
ļ	b	·		ļ				
	C							
	d	All other revenue						
		Total. Add lines 11a-11d			075 000			+
	12_	Total revenue. See instructions	***************		875,000.	0.	0	. 0.

Form 990 (2018) THE PUBLIC MEDIA LAB Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C) T	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	775,000.	775,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	ļ		1	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified			[
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			}	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	ł)	
_	Management	1,728.		1,728.	
b	Legal	625.		625.	
	Accounting	025.		023,	
d	Lobbying Professional fundarising converse See Part IV Inc. 17		···-		
f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	3.		3.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			l	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK CHARGES	15.		15.	
b					
c					
d					
-	All other expenses			•	
25	Total functional expenses. Add lines 1 through 24e	777,371.	775,000.	2,371.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.			ļ	
	Check here if following SOP 98-2 (ASC 958-720)		<u>, </u>		
					Form 990 (2018)

		Check if Schedule O contains a response or note to any line in this Part X	•••	<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	662,830.	1	760,459.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
şts		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ā	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		_11	
	12	Investments - other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	····	14	
	15	Other assets. See Part IV, line 11	500.	15	500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>663,330.</u>	16	760,959.
	17	Accounts payable and accrued expenses		_17_	<u> </u>
	18	Grants payable	·	18	
	19	Deferred revenue	- 	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.		· '	
iab	ļ	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		İ	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25		26	<u></u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
çes		complete lines 27 through 29, and lines 33 and 34.		27	
lan	27	Unrestricted net assets	663,330.	28	760,959.
Ba	28.	Temporarily restricted net assets	003,330.	29	100,955.
밑	29	Permanently restricted net assets		28	<u></u>
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here] .	
S		and complete lines 30 through 34.		30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Red	32	Retained earnings, endowment, accumulated income, or other funds	663,330.	_	760,959.
	33	Total net assets or fund balances	663,330.		760,959.
	1 34	TOTAL HAVINGES AND HEL ASSETS/THE DATA TOTAL			Form 990 (2018)

Form	990'(2018) THE PUBLIC MEDIA LAB	26-0312	2802	Pac	12 ép
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	875	, 0	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	777	, 3	71.
3	Revenue less expenses. Subtract line 2 from line 1	3	97	, 6	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	663	1,3	<u>30.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	760	9,9	<u>5 9 .</u>
Pa	t XII Financial Statements and Reporting	-			,
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. : ,</u>	لِل
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	Į	İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1 1	l	
	separate basis, consolidated basis, or both:		1]		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	a basis,			
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in School		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>		L

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			PUBLIC MED					2	<u>6-0312802</u>
Pa	rt (Reason for Public	Charity Status (All organizations must co	mplete th	is part) Se	e instruction	<u> </u>	
The	orgar	nization is not a private foun	dation because it is, (For lines 1 through 12. c	heck only	one box)			
1		A church, convention of ch							
2	\sqcap	A school described in sec					•//-//-		\bigcap
3	\sqcap	A hospital or a cooperative					ıi\		[] [
4	Ħ						-	VIII) Enter	
*	_	A medical research organi	zation operated in co	njunction with a nospital	described	ı ili sectio	M 170(B)(1)(A	χıπı,. ⊑mer	the nospiral s name,
_		city, and state:							
5	Ш	An organization operated to		liege or university owner	or operat	ed by a g	overnmentai t	ınıt describ	ea in
		section 170(b)(1)(A)(iv). (
6	\square	A federal, state, or local go							
7	X	An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II)				
9		An agricultural research or				ed in conju	inction with a	land-grant	college
		or university or a non-land-							
		university:		, ,		·	•	J	
10		An organization that norm	ally receives: (1) more	than 33 1/3% of its sur	port from	contribute	ons members	thin fees a	nd gross receipts from
	_	activities related to its exe							-
			-	•					=
		income and unrelated bus		(less section 511 tax) in	om busine	sses acqu	lired by trie of	ganization	aiter June 30, 1975.
		See section 509(a)(2). (Co		1 . 4 . 4 . 4	f-4 Ca.				
11	H	An organization organized	•	•	-				•
12		An organization organized							
		more publicly supported o	=						theck the box in
		lines 12a through 12d that	**			•		_	
а	<u> </u>	Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	giving
		the supported organizat	ion(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	upporting
		organization. You must	complete Part IV, Se	ections A and B.					
b		Type II. A supporting or	ganization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving
		control or management	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
	organization(s) You must complete Part IV, Sections A and C.								
c	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)								
Ĭ		that is not functionally in	-						
		requirement (see instruc	•	• •	-		•		
		Check this box if the org						II Type III	
е							r Type I, Type	ii, Type iii	
		functionally integrated, o	• •	•					
1	Ent	er the number of supported	organizations						· L
9	Pro	ovide the following information (i) Name of supported	in about the supporte	(iii) Type of organization	(IV) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization	(11) (11)	(described on lines 1 10			support (see in	•	support (see instructions)
			 -	above (see instructions))	Yes	No	,,, ,		
			ļ <u>.</u>						
					ļ				
				ļ					
									_
							L		
			 						
			+						

Schedule A (Form 990 or 990-EZ) 2018 THE PUBLIC MEDIA LAB

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		~ _	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	70,045.	250,000.		900,000	875,000.	2095045.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf				1		_
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	70,045.	250,000.		900,000.	875,000.	2095045.
5	The portion of total contributions				T		
	by each person (other than a						
	governmental unit or publicly		l				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		[
	column (f)			•			1131693.
6	Public support. Subtract line 5 from line 4						963,352.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	70,045.	250,000.		900,000.	875,000.	2095045.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						,
	activities, whether or not the						
	business is regularly carried on				<u> </u>		
10	Other income. Do not include gain						
	or loss from the sale of capital					ŀ	
	assets (Explain in Part VI.)			<u></u>	<u></u>		
11	Total support. Add lines 7 through 10				J		2095045.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	l, fourth, or fifth	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here		, ,		<u></u>	<u></u>
Se	ction C. Computation of Publ			 			45.00
14	Public support percentage for 2018 (=			14	45.98 %
15	Public support percentage from 2017					15	<u>65.23 %</u>
16a	33 1/3% support test - 2018. If the o						. []
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2017. If the	-			d line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	•			40.40 405		>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	•	•				
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation, If the organization	on did not check a	box on line 13, 16a	, 160, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2018

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

14-- 14-

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	3b_		
	3c		
	4a		
	4b		
	l		
	4c		
	5a_		
	5b 5c_		
	6	<u> </u>	
	7		
	88	<u> </u>	
	9a_		
	9b_	}	}
	<u>9c</u>		
	10a		
	10b		<u> </u>
n 9	90 or 99	90-EZ	2018

Check here if the current year is the organization's first	as a non-functionally integrated	Type III supporting organization (see
instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

and 4c.

8 Breakdown of line 7:
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3

Schedule A	(Form 990 or 990-EZ) 20	118 THE PUBLIC	C MEDIA LAB		26-0312802 Page
Part VI	Supplemental Inf Part IV, Section A, lines line 1; Part IV, Section	ormation. Provide th s 1, 2, 3b, 3c, 4b, 4c, 5a D, lines 2 and 3; Part IV	e explanations required to 6, 9a, 9b, 9c, 11a, 11b, , Section E, lines 1c, 2a, 2	by Part II, line 10; Part II, line 17 and 11c; Part IV, Section B, lin 2b, 3a, and 3b; Part V, line 1; Pa	ia or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, ditional information.
	Section D, lines 5, 6, a (See instructions.)	nd 8; and Part V, Sectio	n E, lines 2, 5, and 6. Also	o complete this part for any add	ditional information.
					
					
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. THE PUBLIC MEDIA LAB General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part I

% X Employer identification number 26-0312802 Open to Public. OMB No 1545-0047 2018 Inspection _\

recibent that received more than \$5,000. Part it can be duplicated if additional space is needed. The duplicable of depole and address of organization of depole and address of organization of depole and address of organization (d) Amount of (e) Amount o	ts or assista ation's proce tance to Dc	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 11 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete	ds in the United overnments. Co	States. omplete if the orga	nization answered "Y	e <u>of grant funds in the United States.</u> Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Part IV, line 21, for any
rection (d) Amount of (e) Amount of valuation (book, rable) cash grant assistance assistance of the cash grant assistance of the cas	000. Part II c	an be duplicated if additional	space is need	ed.	16 Mothod of		
775,000 0.	(b) EIN		d) Amount of cash grant	(e) Amount of non-cash assistance	(r) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	13-2907220		775,000	0			FOR THE PRODUCTION OF EDUCATIONAL FILMS.
	Enter total number of section 501(c)(3) and government organizations		ne 1 table				•
	Enter total number of other organizations listed in the line 1 table			4			1

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number THE PUBLIC MEDIA LAB 26-0312802 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or h) Approved (a) Name of (g) In (i) Written (b) Relationship (c) Purpose (e) Original (f) Balance due by board or from the principal amount with organization default? agreement? interested person of loan committee? organization? То From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (d) Type of (e) Purpose of (a) Name of interested person (b) Relationship between assistance assistance assistance interested person and the organization

Schedule L (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EX.

► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PUBLIC MEDIA LAB

Employer identification number 26-0312802

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAKERS, AND TO CONDUCT RELATED PUBLIC EDUCATION AND INFORMATION
ACTIVITIES IN THE UNITED STATES AND ABROAD.
FORM 990, PART VI, SECTION B, LINE 11B:
DRAFT 990 PROVIDED TO DIRECTORS FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES PROVIDED ELECTRONICALLY OR VIA MAIL UPON REQUEST
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